

Recipient Committee Campaign Statement — Short Form

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM **450**

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees which have not received a contribution or other receipt which must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
from 01/01/2010
through 06/30/2010

Date of election if applicable:
(Month, Day, Year)
06/08/2010

Date Stamp

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For Official Use Only

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate/
Officeholder Committee
- ☒ General Purpose Committee
☒ Sponsored
☐ Small Contributor Committee

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain)
(also check type of statement you are amending)
- ☐ Quarterly Statement
☐ Special Odd-year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1312960

COMMITTEE NAME

TEAM (TEAMSTERS EDUCATION AND MOBILIZATION) FUND, SPONSORED BY THE
INTERANTIONAL BROTHERHOOD OF TEAMSTERS

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
WASHINGTON	DC	20001	(202)624-6800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

C. THOMAS KEEGEL

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
WASHINGTON	DC	20001	2026246905

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/30/2010
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By C. THOMAS KEEGEL
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	01/01/2010	
through	06/30/2010	Page 2 of 3
NAME OF COMMITTEE TEAM (TEAMSTERS EDUCATION AND MOBILIZATION) FUND, SPONSORED BY THE INTERANTIONAL BROTHERHOOD OF TEAMSTERS		I.D. NUMBER 1312960

Expenditures Made

1. Expenditures of \$100 or more made this period	\$0.00
2. Expenditures under \$100 made this period (Not itemized.)	\$0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2	\$0.00
4. Nonmonetary Adjustment From Line 8 Below	\$0.00
5. Total expenditures made from previous statement Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	\$0.00
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5	\$0.00

Contributions Received

7. Monetary contributions received this period	\$4,554.93
8. Non-monetary contributions received this period	\$0.00
9. Total contributions received from previous statement Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.)	\$0.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9	\$4,554.93

Current Cash Statement

11. Beginning cash balance Previous Summary Page, Line 15	\$2,486.19
12. Cash receipts this period Line 7 above	\$4,554.93
13. Miscellaneous increases to cash	\$0.00
14. Cash expenditures this period Line 3 above	\$0.00
15. ENDING CASH BALANCE THIS PERIOD..... Add Lines 11 + 12 + 13, then subtract Line 14	\$7,041.12

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FORM

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I.D. NUMBER

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1312960

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		Calendar Year <hr/> Other <hr/>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		Calendar Year <hr/> Other <hr/>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		Calendar Year <hr/> Other <hr/>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		Calendar Year <hr/> Other <hr/>
SUBTOTAL					

* Required only for payments which are contributions or independent expenditures.